Senior Living Coordinating Unit
Annual Report

Prepared pursuant to
Iowa Code section 231.58

January 2006

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Senior Living Coordinating Unit

2005 Annual Report

EXECUTIVE SUMMARY

The Senior Living Coordinating Unit (SLCU) has broad responsibility for long-term care in Iowa. The SLCU is comprised of the department directors of Public Health, Inspections and Appeals, Human Services, Elder Affairs, two members from the general public and four ex-officio members of the General Assembly. This report includes the various activities, programs and initiatives of the SLCU for 2005.

In general, 2005 was full of ongoing efforts to "re-balance" long-term care in Iowa. This effort involves moving more and more people and resources away from nursing homes and into home and community based services. The statutes for assisted living programs, elder group homes and adult day services were updated and improved. Significant progress was achieved in offering subsidized assisted living to low income Iowans. The Aging and Disability Resource Connection grant expanded access to information and assistance. HF841 (IowaCare Medicaid Reform Act) directs DHS to design and implement a number of health care reform initiatives, including "Rebalancing Long-term Care" initiatives to improve Iowa Medicaid management of and access to community services in a manner that will ensure beneficiaries access to high quality and cost-effective care. Specifically, HF841 directed DHS to establish a new level of care standard for nursing facility services, and amend the Elderly Waiver program to make case management a covered service. These and other efforts which will be discussed in this annual report move Iowa toward providing Iowans the long-term care services they need, in the settings they prefer, at a price they can afford.

The problems and challenges of long-term care in Iowa transcend any individual department. Each department depends more and more on others to help improve the way older Iowans and persons with disabilities receive services and information. Indeed, the solutions to the exponentially increasing Medicaid budget may well lie as much in the Departments of Health (disease prevention and management, and health promotion) and Elder Affairs (case management for frail elders (CMPFE) and elderly services (Senior Living Trust) as in the Medicaid program itself. As a result, the SLCU takes on added importance because it allows the four departments responsible for long-term care to coordinate their efforts. In this report, you will learn more about the individual and joint efforts of the Senior Living Coordinating Unit to create a more comprehensive and effective long-term living system in Iowa.

Mark A. Haverland, Chair
Senior Living Coordinating Unit

HISTORY OF UNIT

The Senior Living Coordinating Unit (Long-term Care Coordinating Unit) was created in 1986 as part of State Government Reorganization. Duties as stated in Iowa Code 231.58 assigned to the Unit include:

a. Develop, for legislative review, the mechanisms and procedures necessary to implement a case-managed system of long-term care based on a uniform comprehensive assessment tool.

b. Develop common intake and release procedures for the purpose of determining eligibility at one point of intake and determining eligibility for programs administered by the departments of human services, public health, and elder affairs, such as the medical assistance program, federal food stamp program, and homemaker-home health aide programs.

c. Develop common definitions for long-term care services.

d. Develop procedures for coordination at the local and state level among the providers of long-term care, including when possible co-campusing of services. The director of the department of administrative services shall give particular attention to this section when arranging for office space pursuant to section 8A.321 for these three departments.

e. Prepare a long-range plan for the provision of long-term care services within the state.

f. Propose rules and procedures for the development of a comprehensive long-term care and community-based services program.

g. Submit a report of its activities to the governor and general assembly on January 15 of each year.

h. Provide direction and oversight for disbursement of moneys from the senior living trust fund created in section 249H.4.

i. Consult with the state universities and other institutions with expertise in the area of senior issues and long-term care.

During the 2000 legislative session, the Unit was renamed the Senior Living Coordinating Unit, and its membership was expanded to include four members of the General Assembly as ex officio, nonvoting members.

SLCU Members

Mark Haverland, Chair	Department of Elder Affairs
Kevin Concannon	Department of Human Services
Mary Mincer Hansen	Department of Public Health
Steve Young	Department of Inspections and Appeals
Kumsan Song	Citizen Representative
Robert Welsh	Citizen Representative

Ex officio members

Nancy Boettger	Senator
David Heaton	Representative
Lisa Heddens	Representative
Amanda Ragan	Senator

2005 SENIOR LIVING COORDINATIING UNIT ACTIVITIES

- **Long-Range Plan for Long-Term Care in Iowa**
  In 2005, the Senior Living Coordinated Unit, in accordance with its duties, adopted a Long-Range Plan for Long-Term Care in Iowa. This document states: "It is the intent of the SLCU to use this document as a working plan that is constantly used and referred to, to guide our efforts and to evaluate results. This Plan is a work in progress. It is the intent of the SLCU to update this Plan as often as necessary to reflect what is happening and what is projected for the long-term care system in Iowa."

  This document enlists input for updating and improving the plan, plus inviting persons and associations to identify ways they can help to make this plan a living reality.

  Copies of this Plan are available from the Department of Elder Affairs.

- **Developing Choices, Empowering Iowans**
  The Iowa Department of Human Services received a Robert Wood Johnson Foundation grant of $250,000 over three years to implement a Cash and Counseling (self direction) option in the Medicaid Home and Community Based Waiver Programs. Iowa's Cash and Counseling Program "Developing Choices, Empowering Iowans" will be available to people eligible for one of the six Home and Community Based Services (HCBS) Waivers (Mental Retardation, Elderly, Ill and Handicapped, Brain Injury, Physical Disability and AIDS/HIV).

  "Developing Choices, Empowering Iowans" will provide consumers with a monthly budget that is based on their service needs from their traditional service plan to allow the consumer to direct and manage their personal assistance and support. Consumers may choose to hire relatives (excluding spouses and parents of minor

children), neighbors and/or friends to provide for their support needs. In addition, this option offers consumers counseling, advocacy and advice (through a Financial Management Service). This option will be voluntary and people can continue to receive services through traditional Medicaid providers.

An independent evaluation of the three pilot "Cash and Counseling" states by Mathematical Policy Research, Inc. found similar results in all three states. When Medicaid beneficiaries of various ages and disabilities were given the opportunity to direct their own services and hire their own caregivers, their quality of life improved, satisfaction with services increased, unmet needs for care were reduced and access to home care increased. This was done without compromising consumers' health or safety.

The Department of Human Services Bureau of Long-term Care has been in the process of developing the infrastructure to support this option. A Self Direction Committee has been developed to assist with the infrastructure development, which consists of consumers, county staff, case managers, and providers of both disability services and aging services. To date, DHS has been working closely with the Centers for Medicare and Medicaid (CMS) to amend the six HCBS waivers to offer this option. It is anticipated that this option will be available for consumers June 2006.

- **Aging and Disability Resource Connection Project (ADRC)**
  The Aging and Disability Resource Connection (ADRC) Project is funded by an $800,000 three-year grant from the Administration on Aging and the Centers for Medicare and Medicaid Services. The Resource Connection will be accessible to every Iowan by toll-free telephone service, web site access, or through providers. The project will coordinate access to the information and referral resource for aging consumers and caregivers (Iowa Family CareGiver Program,) the information and referral resource for persons with disabilities (Iowa COMPASS,) and the human services information and referral database, Iowa 211. The ADRC will also create a model web-based connection between aging consumers and service providers thus streamlining access to long-term support services.

  The Aging and Disability Resource Connection work group, made up of representatives of all populations served by the Connection, will guide the work of the project. The goals of the project are to empower individuals to make informed choices; streamline access to long-term care support; minimize consumer confusion; enhance individual choice; and enable policy makers and program administrators to effectively respond to individual needs, address system problems, and limit the unnecessary use of high-cost services.

- **Program of All-inclusive Care for the Elderly (PACE)**
  Programs of All-inclusive Care for the Elderly (PACE) serve people aged 55 and older who live in an established geographic service area, qualify for state nursing home level of care, and can be safely cared for in a community setting at the time of enrollment. As an alternative to nursing homes, PACE programs provide a com-

prehensive range of services that enable the people they serve to continue living in the community. PACE programs receive a capitated monthly payment from Medicare and Medicaid in exchange for all health and aging services required to meet the needs of the people they serve. PACE is a permanent provider under the Medicare program and a state option under state Medicaid programs.

The State of Iowa participated in a study funded by the Centers for Medicare and Medicaid Services (CMS) that evaluates the barriers and opportunities for developing PACE at the state level and in identified service areas. The departments of Elder Affairs, Human Services, Public Health, and Iowa Finance Authority (which also acts as Iowa's Housing Authority) worked with staff from the National PACE Association (NPA) to conduct the project, with the technical assistance of Rob McCommons of Integrated Care Solutions, LLC, and Larry McNickle, a housing consultant.

Through it's participation in the study, the State of Iowa evaluated:
1.) The demand for services provided by PACE;
2.) The interest and capacity of provider organizations to operate a PACE program; and
3.) The readiness of state agencies to support PACE development.

In the final report issued on the PACE Market Assessment Report to the State of Iowa, the findings included:
1.) Sufficient demographic base from which to establish an enrollment stream for PACE in both the Des Moines region (either Polk, Warren, Dallas, Madison counties, or in Polk county alone) and Cedar Rapids region (Linn, Johnson, Benton, Iowa counties or Muscatine, Cedar, Johnson, Washington counties.)
2.) Appear to be a market opportunity for the development of PACE.
3.) Provider interest exists in both the Des Moines and Cedar Rapids markets.
4.) The state is prepared and motivated to support PACE development in Iowa.

The final report can be viewed at www.state.ia.us/elderaffairs/services/PACE.html.

During the 2005 legislative session, funding was appropriated to DHS for an FTE to coordinate PACE development for Iowa. DHS is currently developing this position.

- **Project Seamless**
  In late 2002, the Iowa Department of Elder Affairs received a three-year earmark grant from Senator Harkin's office through the Administration on Aging for the development of a seamless system of access to home and community-based services. The process developed an enhanced data management system, which provides protection of confidentiality while reducing the duplication in paperwork for clients and the related data entry for service providers. This grant is implemented in collaboration with the area agencies on aging, the Department of Public Health, the Department of Human Services, the Iowa Technology Enterprise and other organizations and has a focus on the Case Management Program for the Frail Elderly. During 2004, the Seamless data management system was rolled out and is being

used by all the area agencies on aging. The vision of the project is that "elderly clients will find no wrong door to access services."

The Department of Human Services has been working with the Department of Elder Affairs on the Seamless Project for sharing information that will assist with processing consumer's applications for services. The electronic transmission of the assessment tool used for determining level of care (LOC) and care planning to the Iowa Medicaid Enterprise (IME) Medical Services Unit began a testing phase and implementation late in Fiscal Year 2005. This can enhance service to clients by reducing the time for determining eligibility, reducing the time and cost of making, mailing, handling and filing paper copies by two to three weeks. The opportunity exists to implement earlier plans to share information between Individual Service Information System (ISIS) and Seamless, again reducing the data entry of redundant data and speeding up the process.

- **Direct Care Workers Recruitment and Retention**
  The four departments of the SLCU continue to work with the Iowa CareGivers Association and the Iowa Better Jobs/Better Coalition to develop and implement Direct Care Worker Recruitment and Retention initiatives. The Iowa CareGivers Association (ICA) will continue to develop tools that will help with recruitment and retention of direct care workers in home care, hospice and long-term care facilities. Building on past work, the ICA will develop a system for tracking "individual" direct care worker turnover/retention, continue to make certain the voice of the direct care workers is heard by being involved in public policy, and continue to provide education through newsletters and conferences.

- **National Governor's Association Workgroup**
  The Governor asked the four departments of the SLCU to apply for a National Governor's Association Best Practices Policy Academy grant. Iowa was awarded the grant and a team, chaired by the director of the Department of Elder Affairs, was assembled to develop a plan for improvements in the long-term care system. This team chose the development of a Universal Assessment process as its primary project. Their work resulted in a bill sponsored by the Governor's Office to implement a universal assessment process in Iowa. The legislature did not pass the Consumer Choice Support and Education Act.

- **Real Choices 2 Grant**
  The Department of Human Services applied for Centers for Medicaid and Medicare (CMS) Real Choices 2 Grant in July 2005. The Real Choices Grant was approved with the following objectives:
  1.) Using the capacity of the newly enhanced software supporting the Iowa Compass Information and Referral system, develop and install an interactive consumer profile which will enable Compass users to secure customized information and referral listings through a filtering process based on consumer characteristics.

2.) Work towards a continued streamlined eligibility determination process to shorten the time from application to approval, using an integrated system for financial and functional eligibility to achieve a consumer directed comprehensive care plan.
3.) Modify payment methodologies to case mix adjusted reimbursement methodologies for ICF's/MR.
4.) Develop and implement the framework for the use of Electronic Medical Records to track Medicaid utilization by individuals with complex health care needs to identify opportunities for improving care and reduce system inefficiencies.
5.) Implement assessments to monitor health care quality of people with mental retardation and developmental disabilities to identify opportunities to improve health status and outcomes.
6.) Enhance coordination and expansion of transportation services as critical support for community living through design and implementation of a regional service brokerage program.
7.) Develop an accessible housing registry and link it to the enhanced virtual information referral system. It is important to note that CMS decreased each State's funding amount in order to allow 10 states (instead of 8) to access this funding. Therefore, the DHS will be working with stakeholders during the strategic planning process to determine if the current amount of funding is adequate to accomplish all of these goals.

- **Iowa Medicaid Enterprise**

The Iowa Medicaid Enterprise (IME) became operational June 30, 2005. With the implementation of the IME, the Department of Human Services has improved its ability to monitor all aspects of Medicaid program administration. The IME concept is based on the following:

- Co-location of all Medicaid entities in one State office. This is inclusive of all state Medicaid policy staff and contractors who execute specific service components necessary to the Medicaid system. The co-location will improve DHS oversight, improve DHS ability to hold contractors accountable for the service components provided, and improve the communication between state policy staff and the contractors.
- Contractor performance-based contracts with established service level agreements. These contracts will improve a higher level of service that is provided to Medicaid recipients and Medicaid providers. Ten contractors compose the IME units: Core MMIS, Member Services, Provider Services, Medical Services, Revenue Collection, SURS (Surveillance and Utilization Review Subsystem), Provider Audit, Pharmacy Medical Services, Pharmacy Point of Sale, Data Warehouse (internally managed by DHS)

The IME is located at 100 Army Post Rd. in Des Moines. Additional information on the IME can be found at www.ime.state.ia.us.

- **Children's Mental Health Waiver**

The Children's Mental Health (CMH) Waiver was approved by the Centers for

Medicare and Medicaid Services in July 2005 for implementation beginning October 1, 2005. The CMH Waiver is a component of HF 841, the IowaCare Act. Although the CMH Waiver is not a stand-alone 1915c waiver as are the other six Medicaid waivers currently serving targeted groups of eligible Iowans, it also operates under the principles of home and community-based services.

The Children's Mental Health Waiver provides funding and individualized support that allows eligible children to live in their own homes and communities who would otherwise require the level of support available in an inpatient psychiatric hospital for children under age twenty-one. A child who may benefit from this Medicaid waiver has been diagnosed with a serious emotional disturbance according to the DSM-IV-TR as verified by a psychiatrist, psychologist or a mental health professional. All children eligible for the CMH Waiver will receive service coordination and monitoring from the services of targeted case management. In addition, a comprehensive, individualized service plan is developed according to the child's need that includes Children's Mental Health Waiver services, Medicaid State Plan services, Iowa Plan services and any other available service funding sources. The service plan is an outgrowth of an interdisciplinary team that obtains direction from the child and his/her parents or guardian(s).

There are four services included in the CMH Wavier: Environmental Modifications, Adaptive Devices, and Therapeutic Resources; Family and Community Supports, In-Home Family Therapy, and Respite. Dependent on the support needs of each eligible, individual child, a monthly maximum of $1765.00 may be allocated for CMH Waiver services.

On December 1, 2005 a total of sixty-six children were approved to receive CMH Waiver services and one hundred seventy-two are currently involved in the approval process. As of December 1, fifty-four providers are enrolled to provide CMH Waiver services.

- **<u>Non-Traditional Medicaid Program Technical Assistance and Oversight</u>**

  As Home and Community Based Services expand in Iowa, quality management continues to take on an increased importance. The Department of Human Services issued a Request for Proposal in March 2005 for Non-Traditional Medicaid Program Technical Assistance and Oversight. The purpose of this project is to provide information and training to Non-Traditional Medicaid programs (i.e. Medicaid Home and Community Based Services, Medicaid Adult Rehabilitation Option, Local Education Agency and Rehabilitative Treatment and Support Services) on documentation requirements for Medicaid. The project has four phases:

  1.) Identify fiscal and clinical documentation requirements for the Non-Traditional Medicaid programs based on research of State and Federal requirements.
  2.) Review and analyze current Medicaid Provider Case File documentation based on the approved recommendation from phase one.

3.) Develop and distribute training materials for providers throughout the State to assist them in understanding State and Federal regulations regarding documentation requirements.
4.) Design a provider training and oversight process to be implemented by the State. This project began in November 2005 and will be completed in July 2006.

- **Office of Substitute Decision Maker**
  The Department of Elder Affairs coordinates a task force to look at issues surrounding substitute decision making. This task force is a diverse group of individuals and agencies that have reviewed concerns, and drafted legislative language. Issues discussed focus on the need for a decision maker when no one is available and enforcement of financial power of attorney forms.

  In the legislative session of 2005, legislation was passed to allow for the Department of Elder Affairs to establish an Office of Substitute Decision Maker. This office would be available to serve persons 18 and older who are in need of a substitute decision maker but have no one available or appropriate to meet the need. The Office of Substitute Decision Maker could, therefore, be named the decision maker of last resort for individuals that lacked the capacity to participate in their own personal care or financial management decisions. The Office would serve in the least restrictive manner available including representative payee, attorney-in-fact under a power of attorney document, guardian or conservator. In addition, the legislation allows the Department of Elder Affairs to serve as a personal representative for estates to finalize a person's affairs after death when there is no willing and appropriate person available to serve.

  - Although the legislation establishing this Office of Substitute Decision Maker passed, there was no funding appropriated to implement the office. The Department of Elder Affairs and the task force are in the process of obtaining data to show the extent of the need, in order to pursue funding.

- **Health Communities Programs**
  The Iowa Department of Public Health has over 60 programs funded from federal, state, and local money in which older adults are identified as either the primary or secondary population that utilize these programs. Examples of programs include Public Health Nursing, Home Care Aide, Breast and Cervical Cancer Early Detection, Arthritis, Heart Disease & Stroke-Cardiovascular Risk Reduction Program, Diabetes, Communicable Disease Follow-up, Substance Abuse Prevention, Mammography, Adult Lead Program, Smoking Cessation Services, Immunizations, and Food Stamp Nutrition. These programs reduce the impact of health conditions that impair an older adult's ability to function and assist in improving the quality of life for elders in Iowa.

Healthy communities include Iowa's older adults. Communities provide personal health services and home maintenance programs that allow older adults to stay at home for as long as possible. The Department of Public Health and local public health partners are instrumental in helping older adults to access these services. By providing direct service or coordinating care, the Department of Public Health identifies health care concerns impacting older adults and targets the following interventions to promote a healthier aging process.

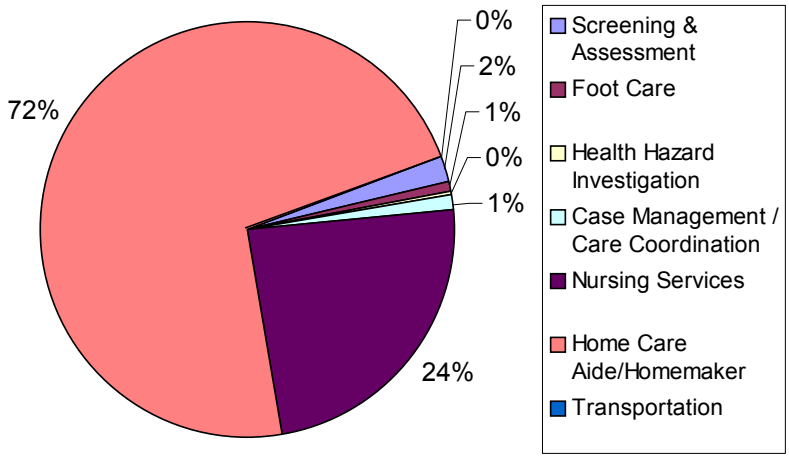
- Preventive services such as flu vaccine administration, fall prevention programs, home safety evaluations, and screening for health conditions and foot care clinics aid the older adult in optimal living.

- Skilled nursing home visits assist in preventing, delaying, or reducing inappropriate institutionalization.

- Home care aide and homemaker services, respite care, and chore services assist the frail elderly to maintain good personal hygiene and activities of daily living as well as to maintain a safe, clean environment within their home.

- Protective services stabilize a family's home environment to prevent abuse or neglect of the older adult.

FY 05 Elderly Wellness Appropriation



- **<u>Home Health Quality Initiative and Other Quality Related Programs</u>**

- The departments of Human Services, Elder Affairs, Inspections and Appeals and Public Health participates in the Home Health Quality Initiative (HHQI) in conjunction with the Iowa Foundation for Medical Care. This CMS sponsored effort provides technical assistance to home health agencies that are committed to improving

the quality of care within their organization. This is a systems improvement initiative that provides outcome-based quality improvement.

- The departments of Human Services, Elder Affairs, and Inspections and Appeals also participate in Iowa's Quality Improvement Organization (QIO) project, coordinated by the Iowa Foundation for Medial Care. This CMS project focuses on improving the quality of care in Iowa's long-term care facilities.

- Under the Department of Inspections and Appeals' State Quality Improvement Program (SQIP), DIA, Iowa Foundation for Medical Care, and providers work toward ensuring a healthy, safe, and secure environment for persons in nursing facilities.

- The Department of Inspections and Appeals initiated ongoing interactive DIAlogue forums with stakeholders and other interested parties. The purpose of DIAlogue is to communicate and exchange information and ideas about issues that center on regulatory oversight and their impact on health care providers. Stakeholders, providers, advocates and others, in addition to DIA staff, share responsibility for the DIAlogue agenda.

Additional Activities

- The Department of Elder Affairs receives Family CareGiver Program funding from federal dollars distributed to Iowa by the Administration on Aging. The program's purpose is to assist persons who are caregivers of an older adult or for persons age 60 and older who are fulltime caregivers of a child or children. The Iowa Family CareGiver Program is a joint venture of the Iowa Association of Area Agencies on Aging, the Department of Elder Affairs, consumer organizations, and community services providers. Family CareGiver Information Specialists are available at 1-800-4-NURTURE (1-866-468-7887) to answer questions or discuss concerns about care giving and in some instances facilitate access to needed services. The program web site is www.iowafamilycaregiver.org. It contains a searchable database of programs, providers, and assistance in each of Iowa's 99 counties.

- In 2005, Iowa's 81st General Assembly passed HF 617, which instructed the Iowa Department of Human Services (IDHS) to request a waiver from the Centers for Medicare and Medicaid Services to add assisted living services to the home and community-based services waiver for the elderly under the medical assistance program. To that end, the IDHS is currently working with other executive branch agencies and other stakeholders in drafting the waiver request to CMS for consideration.

- Per a 2004 legislative mandate, the Department of Human Services was directed to establish a fixed fee reimbursement schedule for all intermittent home health services to be effective July 1, 2005. An evaluation of the data for the home health disciplines is intended to provide a more equitable and accurate reimbursement rate

and cost reporting process for agencies providing both intermittent and Medicaid waiver home health services.

- The Iowa Department of Elder Affairs administers the Senior Internship Program (SIP) through contracts with four area agencies on aging. This program offers a temporary stepping stone back into the workforce for individuals age 55 and over who are at or below the federal poverty level. The program serves persons with limited education, minorities, veterans and veteran's spouses and gives priority to persons 60 and older. SIP offers a paid training-for-employment program which is funded under Title V of the Older American's Act of 1965. Each year, the Senior Internship Program serves over 300 participants in the programs and 100's of other older Iowans who do not qualify for, but receive, help with job searches, résumé writing and other valuable service.

  The Senior Community Service Employment Program (SCSEP) celebrated its 40th anniversary during 2005. Over the past 40 years this program has helped thousands of Iowans find jobs in community service and with local businesses. The SCSEP continues to be the only employment program that directly targets older job seekers and is extremely important to low income individuals who need an additional income resource.

- The Department of Human Services was again able to offer to the Iowa Caregivers Association a scholarship program that directly benefits the direct care workers in the Iowa. This scholarship program provides an opportunity for caregivers to attend conferences, training opportunities and continuing educational programs that will enhance their skills in providing quality services to seniors and persons with disabilities in our long-term care system. The program also offers an opportunity to give formal recognition for the quality services that individual caretakers have provided to those persons served in our long-term care system.

- Focused on safety for frail and disabled adults in nursing homes, the Department of Inspections and Appeals established an Abuse Coordinating Unit. The Unit provides oversight of dependent adult abuse complaint investigations by ensuring consistency and timeliness in the application of relevant rules and law.

- The Department of Human Services is responsible for coordinating and monitoring the nursing facility accountability measures program. It is a program that compiles objective and measurable nursing facility characteristics that indicate quality care, efficiency or access to services. Achievement of multiple measures suggests that quality is an essential element in the facility's delivery of care, and a facility can qualify for additional Medicaid reimbursement. Four years of accountability measures have been reported, and the Department has recently evaluated the first three years of data reported. An analysis of results and trends for the first three years is expected to be available in January 2006.

- In accordance with House File (HF) 560 Section 3, the Department of Human Services established a workgroup to review the reimbursement methodology for the HCBS MR waiver in relation to the goals and objectives of the mental health and developmental disability services system redesign being conducted by the mental health and developmental disabilities commission. The legislation also required the workgroup to establish payment rate limitations for the services waiver that are consistent with the limitations used for the same or similar services that are funded entirely by the counties.

- The Department of Human Services continues to participate in the quarterly meetings of the Ill and Handicapped Waiver Advisory Group. These meetings act as a way to update providers, parent advocates, contract staff (Child Health Specialty Clinics), DHS staff, and advocates on issues and updated rules. The group has the ability to address concerns with this population by lobbying for improvements, educating the public, and giving suggestions on how to improve services for the persons with disabilities.

- The Department of Human Services, Department of Elder Affairs, and Department of Inspections and Appeals participate in the Centers for Excellence (RCDI) Task Force meeting coordinated by the Iowa Finance Authority (IFA). Increasing the availability of assisted living as a long-term care option is the mission of this task force. Inherent in this mission is the identification and resolution of barriers and concerns.

- The Department of Human Services is represented on the Health Care Administrator Program Advisory group at Des Moines Area Community College. A department staff person is a member of the advisory group, and each semester makes a presentation to classes on the Iowa Medicaid program.

- The Department of Public Health, Department of Elder Affairs, and Department of Human Services continue to serve on the committee developed through the University of Iowa Center for Disabilities and Development (CDD), "Living Well with a Disability." The program is in its fourth year. The trainings given to persons with disabilities through this grant include health promotion for people with disabilities, safety and people with disabilities, preventive and primary community-based health care for children with disabilities, preventive and primary community-based health care for adults with disabilities.

ONGOING ACTIVITIES

- **Aging Services Cabinet**
  Governor Vilsack established through Executive Order No. 37 an Aging Services Cabinet to increase coordination and improve integration of health and social services for older Iowans across state government. The Aging Services Cabinet, chaired by the Director of the Department of Human Services, will advise the Governor's Office on workable strategies for developing a well-coordinated and seam-

less senior service delivery system, wherein the departments of state government work together in a more cohesive manner to assess and deliver needed services to older Iowans. The members of the cabinet are the directors of the departments of Elder Affairs, Human Services, Inspections and Appeals, and Public Health.

- **Case Management Program for the Frail Elderly (CMPFE)**

  The CMPFE provides case management services statewide using the standardized I-OASIS Assessment Tool. This program is administered by the Department of Elder Affairs and the thirteen area agencies on aging. A total of 7,799 of Iowa's elderly were referred to the Case Management Program for the Frail Elderly last year. A Functional Abilities Screening Evaluation (FASE) is performed on everyone who is referred to the program. The FASE is the screening tool used in the case management program. The purpose of the FASE is to identify those persons who are appropriate to be referred into CMPFE and to receive a full assessment to identify health and social supports to remain at home. It is also used to identify those persons who may participate in a comprehensive assessment of their needs with the I-OASIS Assessment Tool.

  The I-OASIS is an assessment tool that was adapted from the OASIS B1 data set. The OASIS B-1 was developed in 1998 for use by Medicare certified home health agencies for client assessment and data collection. The I-OASIS has been approved by the Senior Living Coordinating Unit for use in the Case Management Program for the Frail Elderly, as well as in other long-term care programs administered by the Senior Living Coordinating Unit's member departments. The assessment tool provides information regarding the individual's ability to function independently. From that information, a projection of the need for multiple services and/or multiple service providers is made. This projection is an indicator of the need for coordination of services through case management. During state fiscal year 2005, a comprehensive assessment was completed for the first time on 4,204 persons. There were 6,982 annual updates or reassessments completed using the I-OASIS Assessment Tool.

  In the thirteen area agencies on aging, 9,463 individuals remained active case managed clients at the end of the fiscal year. A number of services were provided to each of these clients after implementation of each individualized care plan. Besides receiving needed services, there is ongoing communication with the client, advocacy on behalf of the client and the clients' service providers; monitoring of appropriateness, quality and frequency of services; and regular reassessment of each client's needs. Over 75% of the case managed clients, or 7,143 individuals, were determined by the Iowa Foundation for Medical Care to meet Medicaid medical necessity criteria for intermediate or skilled level of care in a nursing facility.

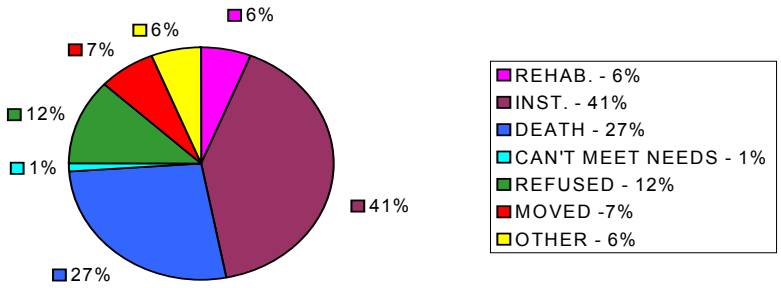
  The average cost per client on the Elderly Waiver living in his or her own home is $536.00 per month, far less than the average monthly nursing home cost of over $3,000 per month.

NOTE: The $536.00 average cost reflects services reimbursed under the frail elderly waiver and does not include the in-kind contributions of providers and Area Agencies on Aging to complete the on-going coordination of services, regular Medicaid expenditures, or expenditures from the Senior Living Trust for individuals receiving services under both Medicaid and the Senior Living Program.

During fiscal year 2005, a total of 3,645 persons were discharged from the program. The chart below summarizes the reasons for discharge. Twenty-seven percent of all case managed clients were able to live out their lives in their own home.

In 2005, the Iowa legislature passed HF841 which directed the Department of Human Services, in collaboration with the Department of Elder Affairs, to submit a waiver amendment that would add Case Management as a medical-assistance covered services. Activities were initiated in 2005 to begin the process leading to submission of the amendment in SFY 2006.

Case Management Program for the Frail Elderly
Reasons for Discharge SFY2005



- **<u>Aging Network Services – Older Americans Act and Other Funding</u>**
  The Department of Elder Affairs, through the Area Agencies on Aging and the Iowa Aging Network provided services to 105,100 older Iowans needing at least one home and community-based service under the federal Older Americans Act (OAA) and associated state-funded programs, for which client registration is needed. Services include: case management; assisted transportation to doctors and pharmacies, home delivered and congregate meals, chore, personal home health care and homemaker, respite, and adult day services, as well as dozens of other services that do not require client registration, delivered to many thousands of additional older Iowans. The average annual cost, based upon registered clients, was less than $500 per client.

- **Medicaid Infrastructure Grant**
  The Department of Human Services was awarded a fifth year of federal grant funding of the Medicaid Infrastructure Grant. The overall outcome of the grant is to enhance and increase employment opportunities and options for Iowans with disabilities. The area of grant funding includes:

  - Improving Iowa's Medicaid Buy-In program, Medicaid for Employed Persons with Disabilities (MEPD) to ensure people have adequate health care coverage and are able to earn a substantial income.
  - Increasing and enhancing Medicaid-funded employment supports for people with disabilities.
  - Conducting education and awareness activities that promote employment for people with disabilities.

- **Medicaid Home and Community Based Services Waivers**
  The Bureau of Long-term Care in the Department of Human Services is responsible for seven Home and Community Based Waiver programs. The seven waivers are Elderly, AIDS, Ill and Handicapped, Physical Disability, Mentally Retardation, and Brain Injury and the Children's Mental Health. These waivers have served over 19,483 consumers in the past year. As of November 30, 2005 there were 7,465 consumers being served on the Home and Community Based Serviced (HCBS) Elderly waiver. Expenditures for the HCBS Elderly Waiver during SFY '05 were $35,854,580.

  The department contracts with the IME Medical Services Unit to complete all the assessments and determine the level of care for consumers in six of the seven waivers, nursing facilities, ICF MR's, MHI's and PMIC's. For the elder waiver, IME Medical Services reviews the assessments completed by the local Area Agencies on Aging to determine level of care. With the implementation of the IME, Medical Services performs an independent preadmission screening and level of care (medical necessity) determination within 5 working days of referral. The assessment process includes educating individuals and their families about their long-term care choices. In urgent situations, a preliminary care plan may also be recommended as a way to expedite service provision.

  DHS also contracts with Iowa State University to provide Home and Community Based Services training for providers, service workers, and area agencies on aging staff. They conduct Quality Assurance reviews insuring that consumers actually received services and make recommendations for corrective actions when there is no documentation.

  Since January 1, 2005, the Iowa State University HCBS Specialists have conducted 112 interviews with consumers on the Elderly, Ill and Handicapped, Physical Disability and AIDS/HIV waivers. Approximately 80 % of the interviews are conducted with persons receiving Elderly Waiver services. The purpose of the interview is to gather data on consumer health and safety, as well as quality of life issues. During

the interviews, seven individual outcome areas are explored with the consumer. Within these seven outcomes, data is gathered on 29 areas of quality and satisfaction with services.

In addition, the HCBS program reviewed 122 files maintained by DHS Service Workers (SW) of the consumers who were interviewed as part of the quality assurance activities. Ten of the consumers selected for interview denied to be interviewed. Their files were reviewed even though the interviews were not completed. The file review gathers data on quality of service coordination and delivery for consumers receiving waiver services.

The interviews and service worker file reviews were held throughout the state in each of the DHS regions. Interviews and file reviews occur during each calendar quarter throughout the year. Upon completion, the regional HCBS Specialist writes a report of the findings from the interviews and service worker file reviews. Commendations and recommendations in areas that need correction are identified within the report. Reports are sent to the service worker supervisors as well as the Area Agency on Aging director. Data from the interviews and service worker files review is used by the HCBS Quality Assurance Committee to improve overall quality of service provision in the waiver programs. A summary of the Quality Assurance reviews can be found in Appendix D.

- **Nutrition**

  The Department of Elder Affairs provides a nutrition program that is designed to improve the clients' health through improved nutritional intake. This is accomplished by providing meals, opportunities for socialization, access to resources and nutrition education. Meals meet nutrition standards, providing at least one-third of the recommended nutrient daily intake. During SFY2005, the Nutrition Program for the Elderly provided 1.9 million congregate meals and 1.4 million home delivered meals. The program is administered through the thirteen area agencies on aging. This statewide program includes over 382 congregate meal sites across the state. Emphasis is placed on serving older Iowans with the greatest social and economic need, the frail elderly, and on reducing isolation. Funding for these meals is provided by the Older Americans Act/Administration on Aging, along with individual contributions, state and local funds. Additional meals are also provided with funding from the Senior Living Trust Fund and the Medicaid Elderly Waiver program.

  The Department of Elder Affairs collaborates with the Department of Human Services and other agencies to educate elders and promote participation in the Food Assistance Program. The Department and the area agencies on aging also implement the Seniors Farmers Market Nutrition Program that provides low-income elders with checks to use for fresh, locally grown fruits and vegetables. The Department's healthy aging activities include physical activity programs, nutrition education and collaborative initiatives in the areas of obesity, diabetes, cancer, oral health, arthritis and substance abuse. Collaboration with Iowa Department of Public Health and Iowa Department

of Human Services continues to provide the Chef Charles nutrition education program at 90 congregate meal sites.

- **Healthy Iowans 2010**
  Public health agencies/home and community based service providers initially access third party payer sources such as Medicare, Medicaid, and private insurance. Secondary revenues for other elderly services come from private grants, county funds, other federal, state, and local grant opportunities, local contributions, private insurance, and private fees. Providers access grant funds such as the elderly wellness funds as a last resort to "fill the gap." The Board of Health Infrastructure appropriations, Healthy Iowans 2010 (Tobacco Settlement) appropriations, and sliding fee revenues aid in stretching elderly wellness funding. In FY 05, elderly wellness funds provided home and community based services to over 21,000 older Iowans. Sliding fee revenue of over $1.2 million expanded services by 13%.

  IDPH has been an active participant in several initiatives that impact the elderly and persons with disabilities in Iowa. These include participation by the Director in the activities of the SLCU, participation in Community Based Adult Services Committee, representation on the Seamless Project Team, participation in PACE, representation on the interim legislative committee, and active involvement in the NGA work group on Rebalancing of Long-term Living in Iowa.

  Comprehensive community health needs assessments and health improvement plans were completed by local boards of health in all 99 counties and were submited to the Department of Public Health in February of 2005. Public health services that benefit the elderly and persons with disabilities were identified as both an asset in many counties as well as a health priority in the majority of counties – an indication of the importance of current efforts to rebalance long-term living in Iowa.

SENIOR LIVING TRUST FUND (SLTF) REVENUES AND EXPENDITURES

As part of the 2000 Senior Living Program Act, the Senior Living Trust Fund was created to receive nursing facility payments under an intergovernmental transfer mechanism. Through this transfer, Iowa received federal funds to implement a new nursing facility reimbursement methodology that maximized federal matching funds. This new methodology uses the Medicare rate, known as the "upper payment limit," for Medicaid reimbursed nursing services. Additional moneys received through intergovernmental transfers shall be deposited into the Fund in order to finance other long-term care alternatives in the state. The attached chart illustrates the actual and projected expenditures and revenues by fiscal year.

SENIOR LIVING TRUST FUND
Legislative Services Agency, Fiscal Services Division

	Actual FY 2001	Actual FY 2002	Actual FY 2003	Actual FY 2004	Actual FY 2005	Estimated FY 2006
Revenues						
Beginning Balance	$ 0	$ 60,891,949	$ 127,046,631	$ 366,831,372	$ 285,736,450	$ 152,571,703
Intergovernmental Transfer	95,621,331	129,880,808	120,587,491	52,876,607	5,453,818	0 [1]
Intergovernmental Transfer (Hospital Trust Fund)	0	13,203,977	0	0	0	0
Medicaid Transfer	0	5,964,781	28,039,039	0	6,881,932	0
General Fund Transfer	0	0	0	0	0	0
Pending Fund Transfer	0	0	169,484,518	0	0	0
Interest	3,807,946	4,408,806	6,358,599	7,297,465	6,111,150	2,574,647
Total Revenues	$ 99,429,277	$ 214,350,321	$ 451,516,278	$ 427,005,444	$ 304,183,350	$ 155,146,350
Expenditures						
IFA - Rent Subsidy Program	$ 0	$ 0	$ 0	$ 0	$ 0	$ 700,000 [2]
DHS Grants and Services						
NF Conversion Grants/LTC HCBS Funds	$ 454,258	$ 7,939,565	$ 1,791,701	580,780	$ 9,822,856	$ 0
NF Conversion Grant Carry Forward	0	0	0	0	0	5,085,330
Rent Subsidy Program	0	75,552	283,817	529,153	686,787	0
Medicaid HCBS Elderly Waiver	0	710,000	710,000	710,000	710,000	710,000
NF Case Mix Methodology	33,650,000	24,750,000	29,950,000	29,950,000	29,950,000	29,950,000
Medicaid Supplement	0	48,500,000	45,465,000	101,600,000	101,600,000	69,000,490
DHS Administration & Contracts	341,792	7,050	0	0	0	323,406
DHS Total	$ 34,446,050	$ 81,982,167	$ 78,200,518	$ 133,369,933	$ 142,769,643	$ 105,069,226
Medicaid Subtotal	$ 33,650,000	$ 73,960,000	$ 76,125,000	$ 132,260,000	$ 134,260,000	$ 99,660,490
DEA Service Delivery						
Senior Living Program	$ 3,798,109	$ 4,897,625	$ 5,987,285	$ 6,965,460	$ 7,638,917	$ 7,698,461
Administration & Contracts	293,169	423,898	497,103	523,657	523,657	590,907
DEA Total	$ 4,091,278	$ 5,321,523	$ 6,484,388	$ 7,489,117	$ 8,162,574	$ 8,289,368
DIA - Asst'd. Living & Adult Day Care Oversight	$ 0	$ 0	$ 0	$ 409,944	$ 679,430	$ 732,750
Total Expenditures	$ 38,537,328	$ 87,303,690	$ 84,684,906	$ 141,268,994	$ 151,611,647	$ 114,791,344
Ending Trust Fund Value	$ 60,891,949	$ 127,046,631	$ 366,831,372	$ 285,736,450	$ 152,571,703	$ 40,355,006

[1] House File 841 (IowaCare Medicaid Reform Act) eliminated Intergovernmental Transfers (IGTs); therefore, no additional revenue will be received from this source.

[2] This amount was appropriated to the DHS for the same purpose in previous years.

KEY: NF = Nursing Facility LTC = Long-Term Care DEA = Dept. of Elder Affairs

IFA = Iowa Finance Authority DIA = Dept. of Inspections and Appeals HCBS = Home and Community-Based Services

LSA: G:\Fiscal Services\SUBCOM\Hum-Serv\LBurk\SLTF\Spreadsheets\SLTF for SLCU 10-21.xls

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Update on Senior Living Trust Fund Initiatives

- **Aging Network Services**
  DEA awarded Senior Living Trust Fund (SLTF) money in the form of grants to the thirteen area agencies on aging to design, maintain, or expand home and community-based services for seniors who are age 60 or older. These services may include adult day care, personal care, respite, homemaker, chore, and transportation services that promote the independence of seniors and delay the use of institutional care by seniors with low and moderate incomes.

  Last year over 14,390 low and moderate income older Iowans were provided services through the area agencies on aging under the Senior Living Program. This funding source is only available to older Iowans meeting specific income restrictions. As with Older Americans Act funding, many, if not all, of the services provided under this program assist older Iowans to remain living independently (with support) and delay or avoid costly nursing home care. Under this program the average annual cost per client was less than $575. Attached to this report is an appendix containing a summary of unmet needs for state fiscal year '05.

- **Case Mix Methodology**
  Over a two-year period beginning July 1, 2001 the Nursing Facility case mix methodology was phased in for Medicaid reimbursement. All Nursing facilities have implemented the case mix methodology. There was $29,950,000.00 appropriated for SFY ’05. Additional funding for case mix reimbursement comes from the General Fund.

- **Medicaid Supplementation**
  $104,310,000 was appropriated to supplement Medical Assistance through the Home and Community-Based Waiver and the State Supplementary Assistance programs. Expenditures for Medicaid Supplement during SFY ’05 were $102,310,000.

- **Rent Subsidy**
  The Home and Community Based Services Rent Subsidy Program provides a monthly rental assistance payment to eligible adults and children receiving services under a federal Medicaid Home and Community Based Waiver until such time that they become eligible for any other local, state or federal rent subsidy. This program provided $686,787 in rent subsidy to 446 people during FY ’05.

  For the fiscal year that began July 1, 2005, $700,000 was budgeted for the Home and Community Based Services Rent Subsidy Program and the administration of the program was moved by the Legislature from the Department of Human Services to the Iowa Finance Authority.

- **Senior Living Program Grants**
  The Department of Human Services issued a Request for Proposal for this grant program on October 22, 2004. The Evaluation Committee composed of members from DIA, IDPH, DEA and DHS, met in January and June 2005 to determine which proposals would be recommended to the Senior Living Coordinating Unit as potential recipients of grant funding. During the June 2005 meeting of the Senior Living Coordinating Unit, eight applicants were approved to receive Senior Living Program Awards. Six of the eight awards were Nursing Facility Conversions to Assisted Living grants and two awards were Medicaid home and community-based services Long-term Care Development grants. The total of the awards granted was $3,102,000. This series of grant awards are the conclusion of the authorization according to Iowa Code 2000 Acts Chapter 249H. A total of $16,723,015.57 has been awarded through the Senior Living Program Grants over this period of five years.

- **Senior Living Revolving Loan Fund**
  This Iowa Finance Authority loan program assists with the development of affordable assisted living properties and service-enriched affordable housing. The loans are combined with Federal low income housing tax credits to reduce the development costs, making the rent more affordable for person with disabilities. Three properties were awarded loans in March 2005: Maquoketa Housing in Maquoketa; Welch Apartments in Muscatine; and Sioux City Affordable Assisted Living in Sioux City.

- **Home and Community-Based Services Revolving Loan Program Fund**
  This Iowa Finance Authority loan program assists in the development and expansion of facilities and infrastructure that provide adult day services, respite services, and congregate meals for low-income people. Two loans were awarded in FY '05: Milestones in Marion (adult day care center) and Adel Assisted Living (congregate meal site).

- **Long-term Care Ombudsmen**
  There are currently 5 regional long-term care ombudsmen who work with the State Ombudsman to serve people living in intermediate care facilities, residential care facilities, assisted living and elder group homes. Even though the number of ombudsmen has doubled in the past year, Iowa is still a long way from the Administration on Aging recommendation of one ombudsman for every 2,000 people living in long-term care settings. This translates to each ombudsman serving approximately 10,500 residents. Even though the staff has doubled, the number of people served continues to rise, which means we still struggle to meet the mandates set forth in the Older Americans Act.

- **Elder Abuse Initiative and Performance Measure**
  In 2001, the legislature approved the utilization of the Senior Living Trust to fund strategies for elder abuse detection, training and services. Funds were appropriated for a state coordinator and four demonstration projects. The mission of the Elder Abuse Initiative (EAI) is to focus on the prevention, intervention, detection and

reporting of elder abuse, neglect and exploitation by presenting elders with options to enhance their lifestyle choices.

The Elder Abuse Initiative (EAI) is a service delivery system created though partnerships with the Area Agencies on Aging, the Department of Human Services, law enforcement, county attorneys, providers, and other stakeholders in the community. Referrals are received from the community, law enforcement and the Department of Human Services. When these calls are received, the Regional Prevention Coordinator (RPC) contacts the client and makes an assessment of needs, identifies potential or real risk, provides an evaluation of dependency and coordinates service delivery.

The program objectives are to:

- Increase public awareness on elder abuse issues at the local level.
- Respond to reported concerns of elders at risk of, or experiencing, abuse, neglect or exploitation.
- Network and coordinate community resources to respond to the needs of the targeted population.
- Collaborate and be a resource for case managers, physicians, law enforcement, county attorneys, DHS, domestic violence agencies and long-term care facilities.
- Enhance the quality of mandatory reporter training in local areas.

Referrals into the program come from a number of sources:

Aging Network The aging network includes co-workers, providers, Case Management Program for Frail Elderly coordinators, case-managers, the health professionals, and anyone working with elders may request a consultation and or joint visits from regional prevention coordinators.

Community Calls/ Concerns (includes permissive reporters) All reports received should have equal merit. Again, once there is a suspicion of abuse, be sure to make a referral to DHS/DIA/law enforcement as appropriate. All reporters are entitled to a thorough, courteous interview to maximize the information received concerning the elder. The identity of the reporter shall remain anonymous unless the reporter states otherwise.

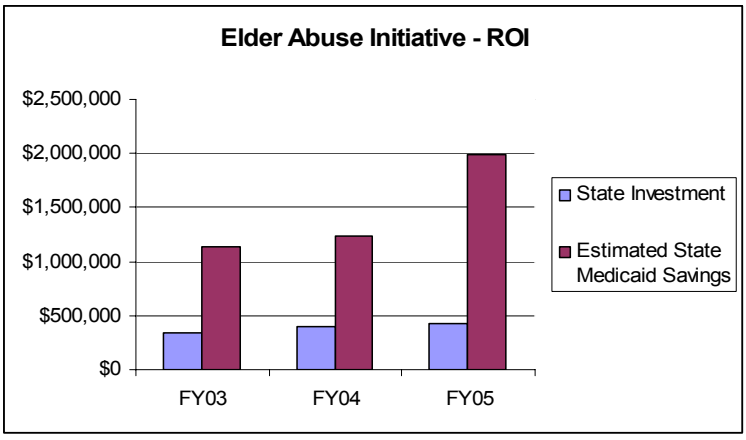
DHS As cited by Iowa Code Section 235B.3(5), following the reporting of suspected dependent adult abuse, the department of human services or an agency approved by the department shall complete an assessment of necessary services and shall make appropriate referrals for receipt of these services. DHS is encouraged to call the Regional Prevention Coordinator to proceed with a service assessment on all cases where the alleged victim is 60 years of age or older.

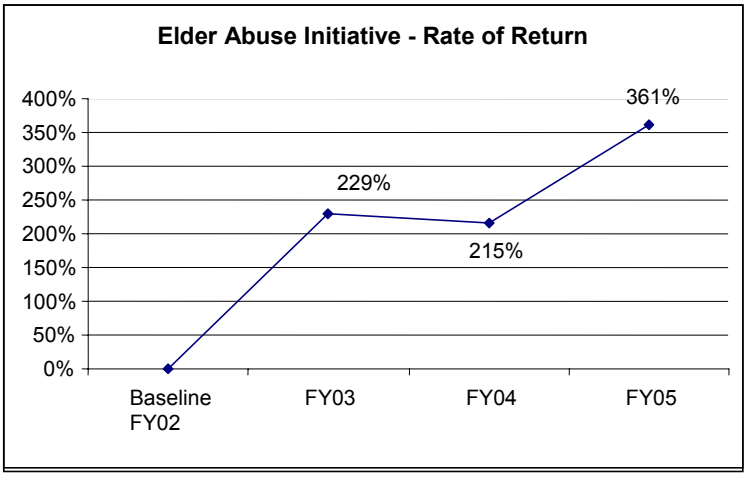
Mandatory Reporters There may be occasions in which mandatory reporters request the assistance of the Elder Abuse Initiative. If there is a suspicion that abuse, neglect or exploitation may have occurred, the RPC is required to inform the caller that he/she (the mandatory reporter) is mandated to report the situation to DHS. In cases that involve anything except self neglect, law enforcement should be contacted. RPC are also mandatory reporters. The identity of the reporter shall remain anonymous unless the reporter states otherwise.

Performance Measure for the Elder Abuse Initiative includes:

A) The Elder Abuse Initiatives continue to demonstrate a high rate of return on the State's investment by enabling active Medicaid clients to remain in their own home rather than be admitted to a LTC facility:

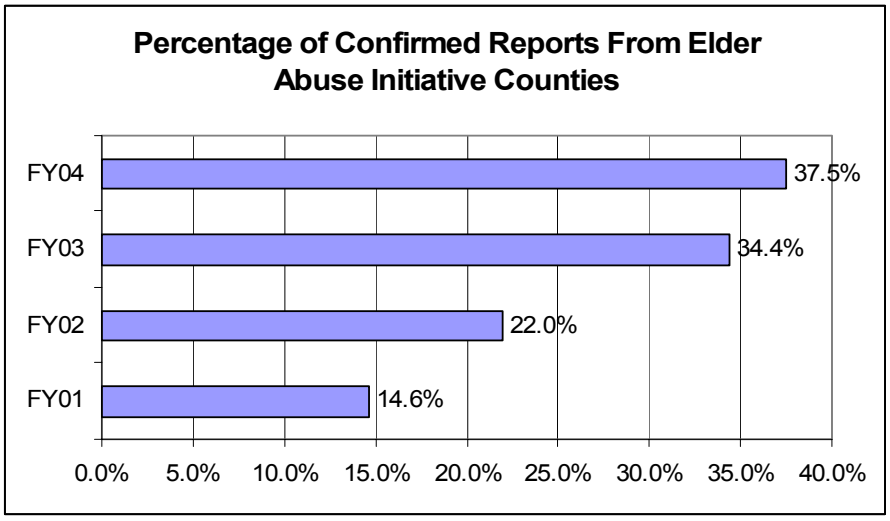
Fiscal Year	State Investment	Estimated State Medicaid Savings	Rate of Return
03	$345,969	$1,139,451	229%
04	$394,385	$1,242,266	215%
05	$430,501	$1,984,602	361%





B) The percentage of confirmed reports in the Elder Abuse Initiative Counties continues to increase. In FY03 and FY04, over 1/3 of the statewide confirmed reports came from the 19 EAI Counties:

Fiscal Year	# of EAI Counties	Total Confirmed Reports	# of confirmed reports in EAI Counties	% in EAI Counties
FY01	(Baseline) 0	301	44	14.6%
FY02	5	291	64	22.0%
FY03	10	422	145	34.4%
FY04	19	341	128	37.5%



C) Comparison of FY03 baseline EAI data to FY05 data.

	FY03 Baseline	FY05	Percent Increase (FY03 to FY05)
Referrals Received (New Clients + I&A)	315	596	89%
New Clients	90	314	248%
Information & Assistance (# of people assisted)	225	352	56%
Public Awareness (# of People Educated)	2941	3034	
Estimated # of Active Medicaid Clients Able to Remain in Own Home Rather Than Be Admitted to a LTC Facility	99	172	74%

2005 LEGISLATIVE CHANGES

- **Long-term Living Legislation Enacted**
  The Iowa General Assembly passed, and the Governor signed, legislation creating Iowa Statute 231F, "Intent for Iowa's Long-term Living System". This legislation is attached as Appendix A and provides an outline of the core values of Iowa's Long-term Care System.

- **HF 841 - IowaCare Medicaid Reform Act**
  The purpose of the IowaCare Medicaid Reform Act is to provide a variety of initiatives to:
  - Increase the efficiency, quality and effectiveness of the healthcare system.
  - Increase access to appropriate health care.
  - Incentivize consumers to engage in responsible health care utilization and personal health care management.
  - Reward providers based on quality of care and improve service delivery.
  - Encourage the utilization of information technology to the greatest extent possible to reduce fragmentation and increase coordination of care and quality outcomes.

  The IowaCare Medicaid Reform Act has three main components:
  - Limited Medicaid expansion to serve approximately 14,000.
  - Long-term care "re-balancing" efforts for Medicaid.
  - Health care reform initiatives for IowaCare and regular Medicaid.

  Selected strategies related to the long-term care re-balancing efforts include:
  - Build capacity to provide quality, non-institutional care, across the spectrum of needs
    - Focus on home and community based services to provide more options
    - Encourage development of PACE programs in Iowa
    - Additional housing units available for individuals with disabilities

- Increase level of care standards for nursing facility, while maintaining current level of care standard for home and community based services
- Increase access to home and community based services
    - Secure budget resources to reduce waiting lists for waiver services
    - Expand elderly waiver services to include case management services
    - Speed consumer access to waiver services
- Promote informed consumer choice through development of an appropriate assessment tool and counseling program for the frail elderly and disabled who want and need to understand what, given their long-term care needs, are the options available to them.
- ICF/MR acuity based reimbursement system
- Physical health assessment of MR/DD population
- Provide individuals with their opportunity to design their own long-term care plans and select their own care providers, by implementing a cash and counseling option in the HCBS waiver programs.

The Department has convened advisory groups to discuss the various health care initiatives, which include:

- Iowa Care
    - Pharmacy Hotline
    - Nurse Hotline
    - IowaCare evaluation of eligibility, coverage, network and financing
- Access for Uninsured
    - Insurance coverage – uninsured, underinsured, costs & barriers
    - Indigent Care Task Force
    - Premium Assistance
- Iowa Medicaid Enterprise (IME)
    - Cost, Quality, Compliance
    - Clinician Advisory Groups
- Strengthening Partnerships
    - Pay for Performance
    - Pricing Review
    - Electronic Medical Records
- Rebalancing Long-term Care
    - Establish New Level of Care Standard for Nursing Facility
    - Making Good Choices in Long-term Care
    - Case Management Services for the Frail Elderly
    - Transportation
- Mental Health Transformation Pilot
- MR/DD
    - Case Mix Sensitive Reimbursement
    - Plan to Enhance HCBS Alternatives for ICF MR services
    - MR/DD Physical and Dental Health Assessment for Adults

- Children's Health
  - Dental Home
  - Weight Loss and Dietary Counseling for Children
  - Smoking Cessation for Children
  - MR/DD Physical and Dental Health Assessment for Children
- Adult Health
  - Checkups, Individual Health Plan and Assessment
  - Weight Loss and Dietary Counseling for Adults
  - Smoking Cessation for Adults
  - Health Services Accounts
  - Pharmacy Case Management

Additional information related to the IowaCare Medicaid Reform Act and initiatives can be found at www.imestate.ia.us under the Iowa Medicaid Reform link.

- **HF 760 - Dependent Adult Abuse – Code of Iowa, 235B**

235B.18(4) Adds "A person previously adjudicated as incompetent under the relevant provisions of chapter 633 is entitled to the care, protection, and services under this chapter"
Result: A person who has a guardian is entitled to the protected under 235B.

235B.19 Subsections 1, 3 and 5 Adds ".or which results in irreparable harm to the physical or financial resources or property of the dependent adult..."

235B.19(6) Adds "Upon a finding of probable cause to believe that dependent adult abuse has occurred and is either ongoing or is likely to reoccur…"

Result: These changes provide an avenue to stop financial exploitation of a dependent adult. Previous language caused a barrier as there was no "immediate danger to the health or safety of the dependent adult…"

2005 Legislative changes, Dependent Adult Abuse

- Adds access to dependent adult abuse information to a court or administrative agency making a determination regarding unemployment compensation.

- Adds access to dependent adult abuse information to an employee of the state or local Office of Substitute Decision Maker, who has been appointed by the court as a guardian or conservator of the adult named in a report as the victim of abuse or the person designated responsible for performing or obtaining protective services on behalf of a dependent adult.

- Clarifies which court to petition for a protective order of services.

- Clarifies that a guardian or conservator can be found to be the person responsible for abuse of a dependent adult.

- Adds to when DHS may petition the court for protective orders, when there is probable cause to believe there is an immediate threat to the health or safety of a dependent adult, "which results in irreparable harm to the physical or financial resources of the dependent adult."

- Adds to when DHS may petition the court for protective orders to prevent a third person from certain acts, "Upon a finding of probable cause to believe that dependent adult abuse has occurred and is either ongoing or is likely to reoccur".

- Changes when dependent adult abuse reports are required to be completed from four working days for the preliminary report and 10 working days for the complete report to eliminating the preliminary report and the complete report must be completed within 20 working days.

- Requests for extensions for additional days to complete a dependent adult abuse report are limited to three-thirty working day extensions.

SF 335 – Dependent Adult Abuse 235B.6(2)(d)(4)

235B.6 (2)(d)(4) Adds "A court or administrative agency making a determination regarding an unemployment compensation claim pursuant to section 96.6."

Result: Grants access to dependent adult abuse information for court or agency determining unemployment compensation.

HF 585 – Assisted Living
A number of changes were made that helped clarify technical issues. There were also changes made related to the definition of assisted living and to the issue of medications within assisted living programs. The bill was signed by the Governor on April 27th and became effective upon enactment.

HF 587 – Adult Day Services
This bill addresses a number of technical issues and to the extent possible, creates consistency in public policy by aligning Adult Day Services, in the Code of Iowa, with assisted living and elder group homes. Like assisted living, the administration of medication was clarified and language related to the content of consumer contracts was added. The bill was signed by the Governor on April 27th and became effective upon enactment.

HF 710 – Elder Group Homes
State regulation of Elder Group Homes took a significant step forward by allowing the provision of health related care in elder group homes. Like assisted living and adult day services, consistency in long-term living policy was considered. Multiple consumer protections were added, including language related to consumer contracts. Medication administration was clarified as well. Like assisted living and adult day services, tenants of an elder group home who are Medicaid eligible may receive medically necessary services via consumer directed attendant care, a service under the Title XIX HCBS Elderly Waiver and Title XIX HCBS Ill and Handicapped Wavier. Medicaid will not cover the bed and board portion of an elder group home. The Governor signed this bill and it became effective on July 1, 2005.

HF 760 – Dependent Adult Abuse
This bill provides for the provision of protective services and allows district court in which the dependent adult resides to be petitioned on their behalf. The Governor signed this bill and it became effective on July 1, 2005.

HF 781 – Direct Care Worker Task Force
This bill directs the Department of Public Health to convene a direct care worker task force to review the education and training requirements applicable to and to make recommendations regarding direct care workers. The Task Force report with recommendations is to be submitted to the Governor and General Assembly by December 15, 2006. The Departments of Elder Affairs, Human Services, and Inspections and Appeals serve as ex officio members of the task force.

HF 786 – Another business or activity in a health care facility
The bill allows a health care facility to have a business or activity serving persons other than residents of the facility operated or provided in a designated part of the physical structure of the facility. The facility is required to meet all applicable state and federal laws, administrative rules, and federal regulations.

SF 304 – Elder Iowans Act
This was a technical bill. The definition of home and community based services was added to the Iowa Code and changes were made to align the state statute with the federal Older Americans Act. The Governor signed this bill and it became effective on July 1, 2005.

HF 825 – DHS Appropriations for HCBS
The 2005 appropriation provided $6 million in new funding to assist in eliminating the waiting lists under the Medicaid home and community based waiver programs. The number of slots that have been assigned since July 1, 2005 is 2,109. Of these 2,109, the following applies:

- 786 of these slots were closed for various reasons. These 786 were offered a slot but chose for a variety of reasons not to accept it.

- There have been 204 consumers that have actually been enrolled.

- There are 747 consumers that are in the process of getting on the waiver.

- Of the original waiting list there are still 757 consumers on that waiting list. This does not include consumers that have applied since that time.

- The current waiting list for all waivers is 1,990.

- Reimbursement for transportation to and from medical services was amended to allow 30 cents per mile instead of 20 cents per mile effective November 1, 2005 until June 30, 2006.

- The Department implements a 3% increase in reimbursement rates for most Medicaid providers and limits on supplemental reimbursement for nursing facilities effective July 1, 2005.

Appendix A

Iowa Code 231F.1 Intent for Iowa's Long-Term Living System

- The general assembly finds and declares that the vision for Iowa's long-term living system is to ensure all Iowans access to an extensive range of high-quality, affordable, and cost effective long-term living options that maximize independence, choice, and dignity.
- The long-term living system should be comprehensive, offering multiple services and support in home, community-based, and facility-based settings; should utilize a universal assessment process to ensure that such services and support are delivered in the most integrated and life enhancing setting; and should ensure that such services and support are provided by a well trained, motivated workforce.
- The long-term living system should exist in a regulatory climate that appropriately ensures the health, safety and welfare of consumers, while not being overly restrictive or inflexible.
- The long-term living system should sustain existing informal care systems including family, friends, volunteers and community resources; should encourage innovation through the use of technology and new delivery and financing models, including housing; should provide incentives to consumers for private financing of long-term living services and support; and should allow Iowans to live independently as long as they desire.
- Information regarding all components of the long-term living system should be effectively communicated to all those potentially impacted by the need for long-term living services and support in order to empower consumers to plan, evaluate, and make decisions about how best to meet their own long-term living needs.

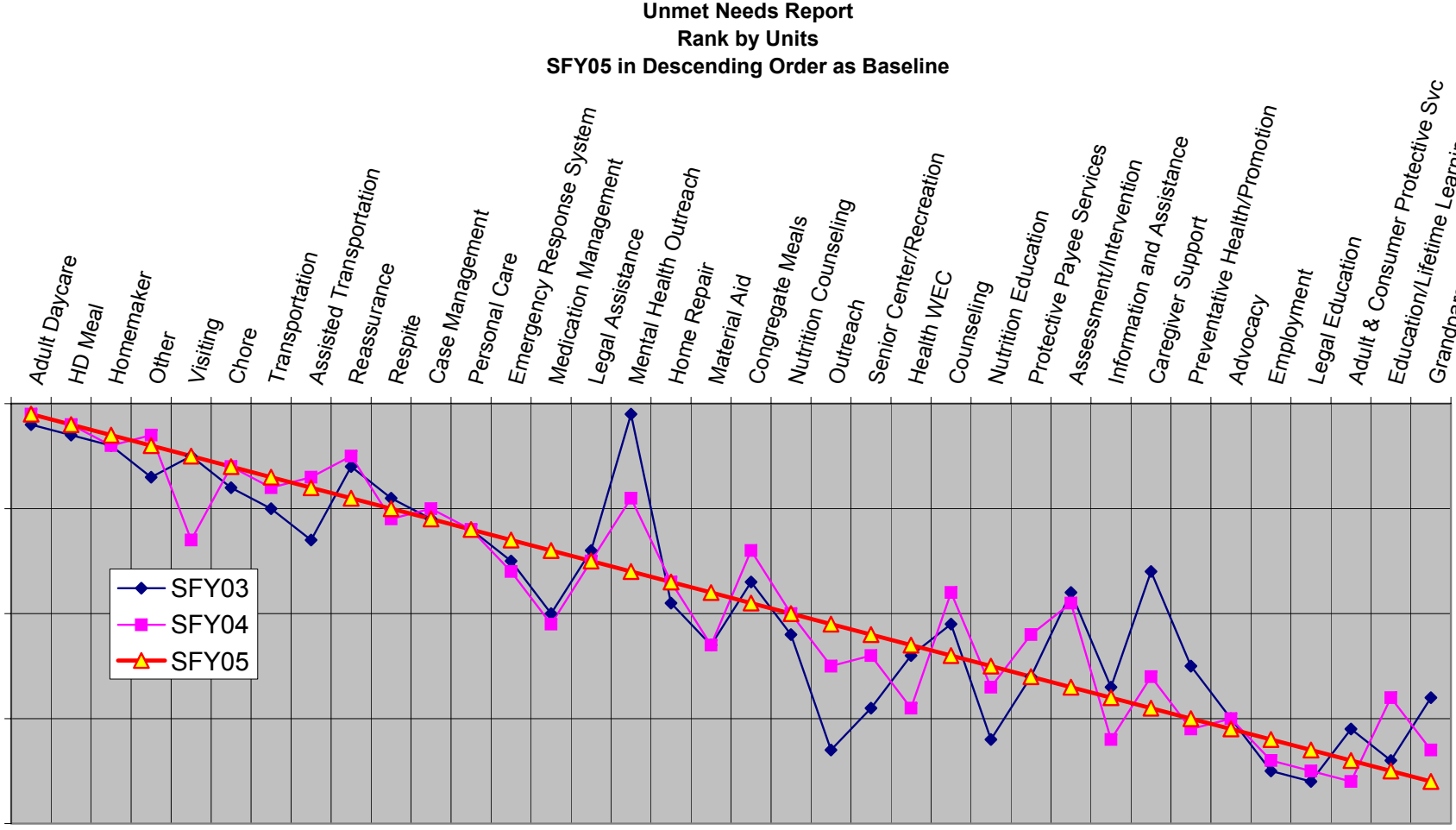
Appendix B
Unmet Needs Report

Statewide Totals:

Start: July 2004
End: June 2005

Type of Service Unable to Provide	Total Units Needed	Number of Contacts	Average Per Contact	Description of Unit
Adult & Consumer Protective Service	1	1	1.0	1 hour
Advocacy	3	3	1.0	1 hour
Alzheimer's/Caregiver Support	4	7	1.8	1 hour
Assessment/Intervention	12	12	1.0	1 hour
Assisted Transportation	224	3,591	16.0	1 one-way trip
Case Management	253	1,101	4.4	1 hour
Chore	447	4,392	9.8	1 hour
Congregate Meals	5	90	18.0	1 meal
Counseling	4	46	11.5	1 hour
Day Care/Adult Day Health	269	16,347	60.8	1 hour
Emergency Response System	558	576	1.0	1 client/month
Employment [SCSEP RICEP]	2	2	1.0	1 placement
Health Screening/Well Elderly Clinics	11	48	4.4	1 hour
Home Delivered Meal	467	14,773	31.6	1 meal
Home Repair	136	281	2.1	1 hour
Homemaker	768	10,393	13.5	1 hour
Information and Assistance	4	8	2.0	1 contact
Legal Assistance	144	544	3.8	1 hour
Legal Education	1	1	1.0	1 contact
Material Aid	81	110	1.4	1 client
Medication Management	176	561	3.2	1 client
Mental Health Outreach	43	407	9.5	1/4 hour
Nutrition Counseling	22	87	4.0	1 hour
Nutrition Education	4	43	10.8	1 session
Other	214	5,583	26.1	N/A
Outreach	16	80	5.0	1 contact
Personal Care	162	856	5.3	1 hour
Preventative Health/Promotion	4	4	1.0	1 hour
Protective Payee Services	6	18	3.0	1 contact
Respite	168	3,195	19.0	1 hour
Senior Center/Recreation	3	50	16.7	1 hour
Telephone Reassurance	285	3,452	12.1	1 call
Transportation	390	4,117	10.6	1 one-way trip(s)
Visiting	515	5,195	10.1	1 visit

Unmet Needs Report
Rank by Units
SFY05 in Descending Order as Baseline



Appendix C
SLP Unduplicated Client Count and Total Units

SFY 2005 Client & Unit Count for SLP Services and Programs		
Nutrition	**Registered Client Count**	**Total Units**
Congregate Meals	158	8,745
HD Meals	2,667	128,739
Nutrition Education	293	3,449
Nutrition Counseling	0	0
Access		
Assisted Transportation	512	9,758
Transportation	635	27,889
Information & Assistance	706	3,045
Case Management	3,527	48,434
Mental Health Outreach	93	3,461
Outreach	541	646
In-Home		
Personal Care	363	11,076
Homemaker	1,257	40,903
Chore	1,364	16,245
Visiting	30	1,009
Reassurance	100	3,589
Respite	84	2,924
Home Repair	162	2,661
Community		
Legal Assistance	1	426
Legal Education	0	0
Advocacy	3	3
Caregiver Support	2	4
Health WEC	1,088	3,742
Adult Daycare	182	29,489
Senior Center	0	0
Assessment & Intervention	2,253	15,082
Emergency Response System	1,298	9,584
Preventive Health Promotion	455	3,749
Placement Svc	0	0
Training & Education	0	0
Counseling	108	892
Adult Consumer Protection Svc	127	6,011
Public Information	0	0
Material Aide	2,230	5,855
Medication Management	178	955
Grandparent Relative Support	0	0

Appendix D
DEPARTMENT OF HUMAN SERVICES

Summary of HCBS Consumer Interviews 1/1/05 to 11/30/05

The Department of Human Services contracts with Iowa State University to provide Home and Community Based Services training for providers, service workers, and Area Agencies on Aging staff. They conduct Quality Assurance reviews insuring that consumers actually received services and make recommendations for corrective actions when there is no documentation, etc.

During 2005, the Iowa State University HCBS Specialists conducted 112 interviews with consumers on the Elderly, Ill and Handicapped, Physical Disability and AIDS/HIV waivers. Approximately 58 % of the interviews are conducted with persons receiving Elderly Waiver services. The purpose of the interview was to gather data on consumer health and safety, as well as quality of life issues. During the interviews, seven individual outcome areas were explored with the consumer. Within these seven outcomes, data is gathered on 29 areas of quality and satisfaction of services.

In addition, the HCBS program reviewed 122 files maintained by DHS Service Workers (SW) of the consumers who were interviewed as part of the quality assurance activities. Ten of the consumers selected for interview denied to be interviewed. Their files were reviewed even though the interviews were not completed. The file review gathers data on quality of service coordination and delivery for consumers receiving waiver services.

The interviews and SW file reviews were held throughout the state in each of the DHS regions. Interviews and file reviews occurred during each calendar quarter throughout the year. Upon completion, the regional HCBS Specialist wrote a report of the findings from the interviews and SW file reviews. Commendations and recommendations in areas that need correction are identified within the report. Reports were sent to the SW supervisors as well as the Area Agency on Aging director. Data from the interviews and service worker files review is used by the HCBS Quality Assurance Committee to improve overall quality of service provision in the waiver programs. Below is the aggregate data of the consumer interviews and Service Worker file reviews:

SUMMARY OF CONSUMER

Outcome #1: Consumers are productive

92 of 107 (86%) stated they have options available for day activity
97 of 111 (87.4%) stated satisfaction with their daily activities

Outcome #2: Consumers use community resources

94 of 112 (83.9%) stated awareness of community resources
79 of 112 (70.5%) stated use of community resources
98 of 110 (89.1%) stated satisfaction with available community resources

Outcome #3: Consumers have relationships

101 of 112 (90.2%) stated satisfaction with current level of relationships
31 of 112 (27.7%) stated barriers exist that limit their involvement in relationships

Outcome #4: Consumers have input into their service

58 of 103 (56.2%) stated they have met with their service worker in the past year
98 of 110 (89.1%) stated they gave input into development of their service plans
98 of 111 (88.3%) stated they have services to meet their needs
62 of 109 (56.9%) stated knowledge of services available under the waiver
76 of 108 (70.4%) stated they received a copy of their service plan
36 of 111 (32.4%) stated they have unmet needs
95 of 109 (87.2%) stated knowledge of who to contact if more/different services are needed
103 of 110 (93.6%) stated satisfaction with services currently being received

Outcomes #5: Consumers maintain good health

107 of 111 (96.4%) stated staff are knowledgeable and responsive to their needs
107 of 111 (96.4%) stated they are satisfied with health care services
6 of 111 (5.4%) stated they have been denied health services in the past
86 of 111 (77.5%) stated they have received needed home modifications
108 of 110 (98.2%) stated they have access to emergency medical services

Outcomes #6: Consumers are safe

77 of 109 (70.6%) stated they have safety needs
39 of 88 (44.3%) stated they have safety plans in place to address safety needs
110 of 112 (98.2%) stated they feel safe
81 of 110 (73.6%) stated awareness of how to report abuse or neglect

Outcomes #7: Consumers have an impact on services

98 of 111 (88.3%) stated awareness of who to talk to about service delivery con cerns
53 of 110 (48.2%) stated knowledge of the grievance/appeal process
88 of 109 (80.7%) stated involvement in staff and scheduling decisions
40 of 109 (36.7%) stated being asked by the provider for input on satisfaction
93 of 111 (83.8%) stated they have had confidentiality maintained

SERVICE WORK CONSUMER FILE SUMMARY:

Time Frames: (Policy Manuals/Social Services 16-K page 23 printed/29 online)

49 of 119 (41.2%) services started within less than 30 days of application
27 of 119 (22.7%) services started within 30-60 days of application
18 of 119 (15.1%) services started within 60-90 days of application
25 of 119 (21%) services started past 90 days of application

Level of Care: (16-K pages 26, 33, and 36 printed/32, 39 and 42 online)

112 of 121 (92.6%) files contain a copy of the assessment tool
4 of 115 (3.5%) consumers have had LOC changes in past year
Assessment completed by: 28 SW 29 CM, 33 AAA, 5 CHSC, 29 Other

SERVICE PLANS: (16K ages 27-29 and 33-36 printed, 33-35 & 39-42 online)

119 of 122 (97.5%) files contain current service plans
72 of 114 (63.2%) service plans were developed using the IDT approach
96 of 122 (78.7%) plans contain information on medical services
105 of 121 (86.8%) plans list all services (HCBS and other)
117 of 121 (96.7%) plans list frequency of services and amounts
115 of 121 (95%) plans list providers responsible for services
0 of 12 (0%) plans list start and end date for each service authorized

23 of 119 (19.3%) plans contain safety information
57 of 105 (54.3%) consumers have met with the SW/CM at least annually
120 of 122 (98.4%) consumers are receiving services as stated in the service plan
93 of 115 (80.9%) files indicate service monitoring by SW/CM
6 of 122 (4.9%) consumers have refused services in their plans
80 of 107 (74.8%) plans address unmet needs
80 of 119 (67.2%) consumers signed and dated their service plan
63 of 107 (58.9%) files contain record of the service plan being sent to the con Summer
116 of 119 (97.5%) plans relate to the assessment and needs of the consumer

NOTICE OF DECISION: (16K page 30 and 31 printed/36 and 37 online)

113 of 120 (94.2%) files contain all applicable NODs
48 of 80 (60%) files contain NODs that list services authorized, units, rates, pro viders, start/end dates for each services, and client participation information
110 of 112 (98.2%) files contain record of NODs sent to the consumer or legal rep
93 of 103 (90.3%) files contain record of NODs sent to the provider(s) of service

CDAC: Form 470-3372) (AH: 16K p 59/65 IAC 441-78.38(8) g.; BI: 16-K p 86.92. IAC 78.43 (13) g; E: 16-K p 119/125. IAC 78.37 (15) g.: IH: 16-K p 147/153 IAC 78.34 (7) g.:

46 of 61 (75.4%) files contain the care agreement in the file
44 of 57 (77.2%) CDAC agreements contain signature of both consumer/legal rep AND 7 of 13 (53.8%) CDAC agreements contain information on the assignment of an to provide supervision of skilled services every 2 weeks

RELEASE OF INFORMATION: (Policy Manual/Social Services: 1-C

35 of 77 (45.5%) files have current releases of information completed
51 of 76 (67.1%) consumers or legal representatives have signed the releases